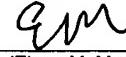




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Dated: November 4, 2003 Signature: 
(Elena M. Maglutto)

Docket No.: HO-P02540US0
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
R. K. Webb, et al.

Application No.: 09/772,539

Art Unit: 3739

Filed: January 29, 2001

Examiner: A. Farah

For: OCULAR FIXATION AND STABILIZATION
DEVICE FOR OPHTHALMIC SURGICAL
APPLICATIONS

RESPONSE TO OFFICE ACTION DATED 10-3-2003

MS Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
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TECHNOLOGY CENTER R3700

INTRODUCTORY COMMENTS

In response to the Office Action dated October 28, 2003 (Paper No. 12), please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.



11/05/03

3739

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/772,539
		Filing Date	January 29, 2001
		First Named Inventor	R. K. Webb
		Art Unit	3739
		Examiner Name	A. Farah
Total Number of Pages in This Submission		Attorney Docket Number	HO-P02540US0

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	FULBRIGHT & JAWORSKI L.L.P. Edward D. Steakley
Signature	
Date	November 4, 2003

Transmittal

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